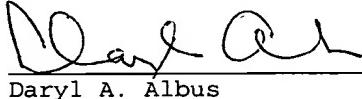




PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 18, 2004.


Daryl A. Albus

Appl No. : 09/640,963 Confirmation No. 3410

Applicant : Aki Shohara

Filed : August 16, 2000

Title : CODE PUNCTURING METHOD AND APPARATUS

RECEIVED

TC/A.U. : 2631

MAR 02 2004

Examiner : Khanh C. Tran

Docket No. : 50989/JEC/B600

Technology Center 2600

Customer No. : 23363

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
February 18, 2004

Commissioner:

In response to the Office action of November 18, 2003,
please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims
which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 18, 2004.

Daryl A. Albus

Applicant : Aki Shohara
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Grp./Div. : 2631
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Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PostOffice Box 7068
Pasadena, CA 91109-7068
February 18, 2004

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED											
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE					
Total Claims Fee	43	*42	1	x \$9.00	1 x \$18.00	18.00					
Independent Claims	6	** 6	0	x \$43.00	x \$86.00	-0-					
Multiple Dependent Claims ***				\$145.00	\$290.00	-0-					
TOTAL FILING FEE						18.00					
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"										
LIST INDEPENDENT CLAIMS: 1, 19, 21, 27, 34											
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"											

X _____

Attached is our check for \$18.00 to pay the fees calculated above.

A Petition for Extension of Time and the required fee are enclosed.

Other enclosures:



Amendment Transmittal Letter
Application No. 09/640,963

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A copy of this letter is enclosed.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By


Josephine E. Chang
Reg. No. 461083
626/795-9900

JEC/daa

DAA PAS550946.1-* 02/18/04 11:00 AM

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MAR 02 2004

Technology Center 2600